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In re Application of:

Docket No.: 03500.017806

MASAKI TOKIOKA, ET AL.

Application No.: 10/724,605

Examiner: R.S. Heald

Filed: December 2, 2003

Group Art Unit: 1733

For: METHOD OF MANUFACTURING  
AIRTIGHT CONTAINER AND METHOD  
OF MANUFACTURING IMAGE DISPLAY  
APPARATUS

Date: April 28, 2006

**MAIL STOP AMENDMENT**  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	24	MINUS	20	= 4	x \$25 \$50	\$200.00
INDEP. CLAIMS	2	MINUS	3	= 0	x \$100 \$200	\$ 0
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$200.00

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$ 200.00 is enclosed.

Charge \$        to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

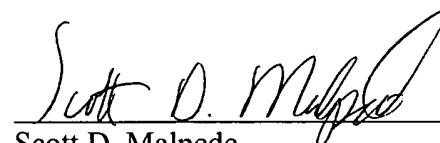
Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$ 120.00 to cover the fee for a ONE month extension is enclosed.

A check in the amount of \$        to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



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Scott D. Malpede  
Attorney for Applicants  
Registration No. 32,533

FITZPATRICK, CELLA, HARPER & SCINTO  
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